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Page 2

ARKANSAS DIVISION OF MEDICAL SERVICES FUNCTIONS

Revised:

January 1, 1995

The Division of Medical Services is comprised of the following sections:

Medical Services Section

The Assistant Director of the Medical Services Section, under the direction of the Director, is responsible for the formulation and implementation of medical services policy with primary emphasis on program coverage and payment of claims. The major objective of the Medical Services Section is to provide the maximum quantity and quality of care and services to needy recipients within program funding limitations and to provide reimbursement for services in the most expedient manner possible. Has supervision of the following units: (1) Provider Relations, (2) Provider Enrollment, (3) Provider Communications, (4) Visual Care, (5) Child Health Services [EPSDT], (6) Dental Care, (7) Utilization Review, and Pharmacy.

Administrative Support Section

The Assistant Director, Administrative Support Section, under the direction of the Director, provides program and administrative support for the division. Has supervision of the following units:

- (1) Financial Activities, (2) Budgets, (3) Reimbursement/Rate Setting, (4) Third Party Liability,
- (5) Personnel Issues, (6) Reports and Analysis, and (7) MMIS and Contract Monitoring.

Program Planning and Development Section

The Manager, Program Planning and Development Section, under the direction of the Director, is

responsible for coordinating all program development activities.

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SUPERSEDES: TN. 92-38

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ARKANSAS DIVISION OF MEDICAL SERVICES FUNCTIONS

Revised:

January 1, 1995

Long Term Care Section

The Assistant Director, Long Term Care Section, under the direction of the Director, is responsible for:

(1) Providing the continuum of Institutional long term care and services to Arkansas residents in need of such services; (2) Implementation of programs required by Federal and/or State Statutes, rules or regulations; (3) Budgeting for the total operations involved in delivery of Long Term Care services; (4) Medicaid survey and certification and/or State licensure of all Title XIX Long Term Care Facilities and other facilities specified by Arkansas Statutes to be under the jurisdiction of the Long Term Care Section; (5) Determination of the medical necessity for institutional and waivered services and the level of care required by Long Term Care Facility residents. The ultimate objective of the Long Term Care Facility programs is to insure that Arkansas residents in need of such services are provided the appropriate care and services to achieve the highest quality of life possible.

SUPERSEDES: TN . 94-21

ATTACHMENT 1.2-B Page 4

ARKANSAS DIVISION OF MEDICAL SERVICES MEDICAL SERVICES SECTION

Revised:

January 1, 1995

The Medical Services Section is comprised of seven units, which includes: Provider Relations, Provider Enrollment, Provider Communications, Visual Care, Child Health Services (EPSDT), Dental Care, Utilization Review, and Pharmacy. The primary functions of the individual units within this section are as follows:

Provider Relations Unit

The Provider Relations Unit serves as a direct information and assistance link between participating Medicaid providers and the Arkansas Medicaid Program. This unit is responsible for dealing with provider problems and policy communication. Medical Program Representatives travel within assigned areas of the State, providing personal, on-site assistance to enrolled providers.

Provider Enrollment Unit

The Provider Enrollment Unit is responsible for implementation of enrollment criteria for all types of providers, making changes, additions and deletions to enrollment files, development of enrollment criteria for all types of providers and serves as liaison with providers relating to the provider's enrollment or existing enrollment.

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Provider Communications Unit

The Program Communications Unit receives and responds to all written and telephone inquiries from recipients, as well as out-of-state providers concerning the Arkansas Medicaid Program. Inquiries from all providers requesting assistance with diagnosis and procedure coding are responded to through this unit. Claims research and coordination of service between Medicaid and other State agencies are also accomplished within this unit.

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ARKANSAS DIVISION OF MEDICAL SERVICES MEDICAL SERVICES SECTION

Revised:

January 1, 1995

Visual Care Unit

The Visual Care Unit is responsible for prior authorization of visual care claims, visual peer review and coordination with Provider Relations Unit in dealing with policy interpretation and provider contact and overall coordination of the visual program.

Child Health Services (EPSDT) Unit

The Child Health Services (EPSDT) Unit verifies that the State is providing federally mandated early and periodic screenings for Medicaid recipients under age 21. Coordination of services, through local county offices within the State, active recruitment of additional EPSDT Medicaid providers.

Dental Care Unit

The Dental Care Unit is responsible for prior authorization of dental procedures, dental peer review, coordination with Provider Relations Unit in dealing with policy interpretation and provider contact and overall coordination of the dental program.

Utilization Review Unit

The Utilization Review Unit provides a federally mandated function. The primary function is to ensure the integrity of both state and federal dollars through the review and analysis of Medicaid providers' utilization patterns. The primary functions within the Utilization Review Unit are as follows:

(1) Administration, (2) Post-Payment Review, (3) S/UBS, Development, (4) Suspended Claims, (5) Prior

Authorization, and (6) Field Audit.

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Attachment 1.2-8, Pages 8, 7, 8, 9, 10, 10a, 10b, 11, 12, 13, 14, 15 (12 pages), Approved 8-4-91, TN 91-18; Approved 4-12-93, TN 93-10; Approved 10-14-93,

SUPERSEDES: TN

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ARKANSAS DIVISION OF MEDICAL SERVICES MEDICAL SERVICES SECTION

Revised:

January 1, 1995

Pharmacy Unit

The Pharmacy Unit provides Professional Pharmacy services for the Division of Medical Services. This unit has a registered pharmacist as Administrator. The primary responsibilities within the Pharmacy Unit are as follows:

- Maintains and updates the drugs covered on the Prescription drug program.
- Provides communications to recipients and providers. Provides communication to Pharmaceutical Manufacturers and other interested parties
- **Develops and implements policy**
- Maintains the Prior Authorization Program and keeps necessary records
- Coordinates information necessary for receiving rebates from Pharmaceutical Manufacturers, and keeps necessary records.
- Writes invitations for bid and keeps contracts current
- Coordinates with other State and Federal Agencies and with Pharmacy Associations

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ARKANSAS DIVISION OF MEDICAL SERVICES ADMINISTRATIVE SUPPORT SECTION

Revised:

January 1, 1995

The Administrative Support Section is comprised of seven units, which includes: Financial Activities, Budgets, Reimbursement/Rate Setting, Third Party Liability, Personnel Issues, Reports and Analysis, MMIS and Contract Monitoring. The primary functions of the individual units within this section are as follows:

Financial Activities Unit

The Financial Activities Unit provides technical and management support in the areas of budget and cost evaluation. The primary functions of this unit are as follows:

- Supervision of budget, reimbursement and third party liability
- Budget management
- Federal, state and internal reporting
- Federal Regulations: review analysis recommendations
- State Assessment: coordination review response
- Contract coordination and monitoring
- Medicare Buy-in Administration

Budget Unit

- Budget preparation
- Budget monitoring
- Cost evaluation
- Internal auditing

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ARKANSAS DIVISION OF MEDICAL SERVICES ADMINISTRATIVE SUPPORT SECTION

Revised:

January 1, 1995

Reimbursement/Rate Setting Unit

The Reimbursement/Rate Setting Unit is responsible for implementation of reimbursement rates for all types of participating providers, making changes, updates, additions, deletions to the pricing file, reviewing reimbursement rates and serves as liaison with providers relating to reimbursement.

Third Party Liability Unit

The Third Party Liability Unit actively pursues other sources of health care payment, including health and liability insurance, court settlements and absent parents, to reduce Medicaid payments and to recoup funds expended by the Program which other sources are liable. Both federal and state statutes require Medicaid agencies to pursue TPL.

Personnel Unit

The Personnel Unit provides technical and management support in the areas of hiring, firing, grievance, personnel evaluation and training.

Reports and Analysis Unit

- Special report development
- Survey responses
- Data collection and dissemination

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ARKANSAS DIVISION OF MEDICAL SERVICES ADMINISTRATIVE SUPPORT SECTION

Revised:

January 1, 1995

MMIS and Contract Monitoring Unit

The MMIS and Contracting Monitoring Unit provides technical and management support for the division of Medical Services. The section is divided into two units with a unit manager assigned primary responsibility for each area. A team approach is utilized on all major projects because of the interrelated function of the units. The primary responsibilities within the Systems Section are as follows:

MMIS Maintenance and Development

- Review and evaluation of requested projects
- Review of Federal, State and Agency regulations and policies
- Initiation of formal procedures for project requests
- MMIS updates, controls and enhancements
- Monitor project request progress
- Receipt and control of computer generated reports and microfiche
- Coordinate pertinent activities with HCFA representatives

Contract Monitoring

- Monitor performance of fiscal agent contract
- Review claims processing activities: identify procedural and dollar errors

Coordinate systems performance review with HCFA representatives

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ARKANSAS DIVISION OF MEDICAL SERVICES
PROGRAM PLANNING AND DEVELOPMENT SECTION

Revised:

January 1, 1995

The Program Planning and Development Section is responsible for coordinating all program development activities. The staff of this section draw upon the resources of other sections, agencies and outside entities in evaluating and implementing modifications of the Medicaid Program. The primary functions of this section are as follows:

- Coordinate development of revisions in scope of Medicaid Program
- Represent Medicaid at periodic meetings with provider associations, legislature and advisory groups
- Evaluation of Federal regulatory requirements on Medicaid Program
- Revise procedures and documentation due to policy or program changes
- Preparation of manual updates
- APA procedures
- Coordinate provider, recipient and staff notifications necessitated by policy changes
- Amend Title XIX State Plan (Medicaid)

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